

separate facilities in a program oriented toward a GED and personal therapy.

Unfortunately data on effectiveness of mental health services, whether institutional or community-based, are sorely lacking. One institution indicated that 90 percent of its elementary age children return to special education programs in the public schools while the recidivism rate is approximately 4 percent. In other instances the rate of return to public school settings is as low as 20 percent. Certainly it was agreed by both mental health and local education personnel that rates of return to public school placement were higher for elementary age clients. While the project's data did not determine the percentage of adolescent youth who return to public schools, the consensus is that far fewer do so. Based on admittedly limited data provided from juvenile corrections facilities, it is apparent that for as many as 30 percent of the adolescent delinquent population, residential mental health placement was one step along the way to adjudication. This sequence in the service delivery was borne out repeatedly in the interviews, when it became evident that state psychiatric institutional placement is the last resort within the mental health service delivery model. If an adolescent leaves that facility and is not successful in the public school program, intervention options increasingly become focused on juvenile corrections.

Discharge of a youth from a mental health facility occurs in several ways: (1) length of court designated stay ends;

(2) staff determine that treatment is complete; (3) parents terminate stay or; (4) a youth who voluntarily committed himself or herself may terminate placement. One of the realistic reoccurring problems related to discharge is that students often "get lost." Both mental health and local education personnel acknowledge this breakdown between systems. Many times schools do not realize that a student has been or will be discharged and thus do not know to plan for his/her return. This lack of communication typifies the poor to non-existent relationship between public schools and mental health facilities except in isolated, unusual cases.

Personnel needs and qualifications. Data on teaching staff qualifications and needs for educational personnel within mental health facilities is sparse. In several states all teachers employed in mental health facilities must be certified in behavior disorders or another area of special education to meet state education agency standards. In some instances these certified personnel are almost exclusively personnel from "pre certification" days who are now gradually gaining certification in behavior disorders and thus may be temporarily certified or hold full certification. There are instances in which over 50 percent of the teachers hold temporary or provisional certification. In other facilities almost all of the education staff hold recent teaching certificates in behavior disorders.

Attrition rates vary tremendously. In those states where salary schedules are competitive with that of the

public schools, attrition is low. The converse is true where salaries are less attractive. Tenure and its concomitant benefits is another factor influencing attrition as is the relative emphasis on education within the facilities.

Within most mental health facilities a range of support services is available. Typical among the professionals providing such services are psychiatrists, psychologists, social workers, physicians, speech and language clinicians and activity, music, occupational and physical therapists. Data on projected need for additional support services are not available.

Parental involvement. The details on parent involvement with the educational program in mental health facilities is very global in nature. Where data are available, estimates of parental involvement, particularly in the IEP process, vary from 20 to 75 percent. Geographical proximity to the institution constitutes the major variable influencing parental participation.

One ongoing problem involving parents which needs at least brief mention here is the practice in most states of charging parents for services delivered by a mental health facility. Historically, parents have been charged, on a sliding scale, for services (educational and non-educational) rendered by the mental health facility. Public Law 94-142 requires that special education and necessary related services be provided free to all students with that state education agency responsible for assuring this service. Therefore students placed in

mental health facilities for educational purposes must receive their special education at no cost to their parents. Instead cost for such education must be borne by the local or state education agency. Similarly if the related services provided within mental health facilities are deemed necessary in order for students to benefit from the specialized education, these also must be provided on a no cost basis. In those instances where the major purpose for mental health placement is for care and treatment, parents can be held responsible for expenses incurred in providing those services to their children.

#### Services Provided within Facilities for Neglected or Delinquent

Of all the environments in which behavior disordered adolescents are served, facilities for neglected or delinquent youth are the most difficult to summarize, yet are currently coming under the most scrutiny. Criticisms include being oversized, understaffed, underpaid, physically isolated, inadequately trained, racist, and "pushing a tired curriculum." Some of these problems relate to the fact that in such institutions education is not a primary focus. Realistically, the goal, particularly of delinquent and correctional facilities, is to detain and hopefully rehabilitate the societally unacceptable behavior and/or provide a "secure" environment which protects the community from the consequences of the offensive behavior.

Since the primary objective of facilities for adjudicated youth is not education, there is a growing concern that

handicapped youth may be doubly affected when adjudicated. Data presented in the report by the Education Advocates Coalition indicate that handicapped individuals placed in institutions including correctional and juvenile detention facilities are being routinely denied or excluded from appropriate educational services. Specific violations include inadequate assessment, lack of IEPs and inadequate communication with other agencies. Of course, even well intentioned personnel attempting to provide appropriate education within delinquent and correctional facilities face the constraints of: (a) short periods of confinement by the population served, and (b) the intensity of the youths' problems because of a long history of failure.

Organizationally, there appears to be an infinite number of ways that programs for neglected or delinquent youth are arranged under divisions of corrections, youth services, social services or a combination therefore, by age, by offense, etc. Thus what little data are available are difficult to compare across states.

In terms of neglected children and youth, each state usually has only one or two facilities serving that population. Assignment is via court order and the stay is dependent upon finding acceptable living environments elsewhere. These children and youth are not necessarily behavior disordered, although most personnel the project talked with felt that a large percentage were. The local public school district in

which the facility is located is usually the deliverer of services although not necessarily fiscally responsible for these services. However, any special services for disordered behavior occurs in that environment.

The adjudicated population is also placed by court order. Depending upon the state and the severity of the offense, the youth may be "sentenced" to a specific length of stay in a facility or may simply be delivered to the care of the department of youth services (or whatever it is called). In the latter case the department determines placement and length of stay.

Population characteristics. Depending on the organizational structure of the state agencies for delinquent and correctional facilities, there are differences in the ages served. Ages encompassed in delinquent facilities may range from a lower limit of 7 years to an upper limit of 18 years, although in some cases a youth aged 16 could be waived to adult corrections. There are some states in which 16 year olds are automatically tried as adults. The general age range that makes up the predominant number of youth found in delinquent facilities is 14-18 years. In one state the mean age was quoted as 16.0 years at intake for males and 16.8 years for females. As expected, most states serve a much higher proportion of male delinquents as compared to females. While numbers of adjudicated youth appears to be on the decline, this decrease is seemingly greater among females.

Due to the variations in determination of stay in facilities for neglected or delinquent, it is difficult to report an average length of stay. The range reported was 2 months to life. Most 13-17 year olds fall in the 2-8 month range. These figures coincide with the data in a recent General Accounting Office (GAO) report (1977) which show the average length of stay in juvenile correction facilities ranges from 4-11 months. Other data regarding the characteristics of adjudicated youth are available on a limited basis. In fact, only in one state visited were extensive data provided regarding the youth served in juvenile correction facilities. There, for example, rearrest rates are generally decreasing; when rearrests do occur, the majority do so within three months after release. Variables that are statistically related to these rearrests are: (a) level of educational achievement at the time of release, (b) school or job productivity and (c) age at release. The higher the educational achievement and the older the youth the smaller the probability of rearrest. More significant is productivity. Youth who are not in school or not holding jobs after release have a rearrest probability rate four times that of productive youth. Unfortunately longitudinal data from the state providing such data indicate that since 1974, half of all the youth released were non-productive within 3 months after release.

With the removal of status offenses; e.g., home and school truancy, incorrigibility, etc., from juvenile codes,

there has been somewhat of a shift in the population characteristics. For example, in one state, aggressive felonies (murder, manslaughter, rape, assault, robbery, arson and criminal sexual conduct) constitute the reason for adjudication of 47 to 56 percent of the males and 52 percent of the females. Property offenses such as car theft, breaking and entering and some drug violations (depending on the state) account for 33 percent of the convictions of females and 44 to 51 percent of the males. Discouraging is the fact that the average 16 year old adjudicated male has a history of 2-3 previous adjudicational offenses, and the 16.8 year old female has a record of nearly 2 previous adjudicated offenses.

Finally, one of the states visited has examined the area of violent felonies. Of all their delinquents, 34 percent are adjudicated for violent felonies. Unfortunately the probability of such offenders committing a similar offense within a year of release is 1:5.5.

Much of the literature and statistics which report on characteristics of adjudicated youth indicate an increasing incidence of handicapping conditions over the past ten years. Estimates by youth services personnel interviewed are that from one-tenth to one-half of the adjudicated youth have been labeled handicapped prior to their commitment. This range is due to variation in age of youth, type of facility and "security" of a facility. Of this group, it is estimated that one-half were labeled as behavior disordered; the rest were usually mentally retarded or learning disabled. It should



be noted that until recently several states visited automatically identified all adjudicated youth as behavior disordered. Finally in one state, statistics showed that 11 percent of the adjudicated youth placed in less intense (less secure facilities) had been previously placed in residential facilities for behavior disordered children. This is in contrast to those youth adjudicated to maximum or more secure facilities who show a 30 percent previous placement in residential facilities for behavior disordered children.

Service options. Just as public schools attempt to develop a continuum of services for handicapped children usually based on varying levels of restrictiveness, so too, some state agencies responsible for delinquent and correctional facilities are attempting to expand the variety of placements available for their populations. This is a major problem since historically, few placement options outside of the actual delinquent or correctional institutions have existed. Temporary placements at intake or diagnostic centers are frequently available for the purpose of evaluating the youth's performance. These placements however, are usually short term in nature.

Working with communities and public school districts, some of the alternatives being developed include: (a) home care: parents, relative or foster, (b) non-residential placement with counseling and enrollment in alternative education or vocational education placements, (c) group home--small or halfway, (d) rehabilitation camps, (e) short term

detention/evaluation settings, (f) residential placement, and (g) secure or intensive treatment programs for those incarcerated youth who manifest severe behavioral problems. While the concept of a continuum of services within an agency serving adjudicated youth may be admirable and even desirable, the reality remains that handicapped adjudicated youth frequently do not qualify for placement in the less restrictive of these options. Placement in such programs require a high degree of behavioral stability. Thus, the data presented herein are reflective of youth found in the more restrictive of the aforementioned placements.

The concept of waiting lists which is so frequently a criticism of public school programs for handicapped is also in evidence in institutions for adjudicated youth. While several states alluded to such lists, only one state provided actual data. These indicated that the phenomenon of waiting lists was gradually increasing and, in 1979, was equal in number to 10 percent of the actual institutional capacity as compared to 6 percent in the previous year.

Those students labeled severely behavior disordered prior to arrival or so diagnosed after arrival, at a facility for delinquents receive specialized educational services. However, reality is that there is usually not a good liaison between public schools and delinquent facilities. Records often do not arrive in time to allow for appropriate programming. Evaluation after arrival is another issue. If students are over 18 they may refuse evaluation for special educational services.

When evaluations are conducted they are usually not geared to determination of exceptional needs but rather to current academic functioning. On the other hand, some institutions have an outstanding program of evaluation and educational treatment. Nowhere was the variation in type and quality of service greater than in delinquent facilities.

Finally, it is difficult to discuss services to adjudicated youth without mentioning the effect of such intervention. One state had data indicating the average grade equivalent of youth (age 16) upon entry into their delinquent facilities was 5.9 for females and 6.2 for males. Average achievement gain while incarcerated ranged from an average of 1.3 to 1.7 years depending on grade level upon entry. Students functioning above a fifth grade level upon entry to the facility made greater academic gains. However, the problem of advancing in education outside the institution is less likely. According to one state, 50 percent of the adjudicated youth view the institution as their last contact with education and admittedly are reluctant to return to public schools because of past failures. In one instance, data showed some personnel estimated that fewer than 20 percent of all adjudicated youth return to public schools following their release, 10 percent of the youth dropped out of school before adjudication and truancy prior to incarceration was so great that many youth had actually missed between three to five years of total schooling. In several of the states visited, virtually no regular diplomas are awarded to adjudicated

youth. Some handicapped youth are guided into GED programs as part of their IEP. One state indicated 38 percent of the youth incarcerated in 1979 had GED studies as part of their IEPs. Of this group, 74 percent successfully completed the program.

Unfortunately another option after release is rearrest either as a juvenile or an adult. Statistics on juvenile rearrests have already been presented. Data on youth entering adult corrections collected over a three year period in one state indicate an increase in percentage of previously adjudicated youth, both male and females, being incarcerated as adults. For males, the percentage has increased from 23 to 39 percent from 1977 to 1979. During the same time period, the percent for females shifted from 4 percent to 6 percent.

Finally one aspect related to services for the neglected or delinquent which has more recently received attention is the very questionable practice of placing children and youth in adult jails at the local or county level. In the case of behavior disordered youth, this may and does occur in those instances when an individual is judged allegedly dangerous to self or others and is held in an adult jail awaiting final diagnosis or placement in the event that there are waiting lists for mental health facilities in that vicinity. Since education is virtually unheard of in these facilities, youth so placed are, in fact, being denied access to a free appropriate education to meet their needs.

While the general picture for handicapped adjudicated youth looks bleak, the project encountered one particularly exemplary activity. In one state visited, the Division of Social Services has created a position entitled Public School Coordinator. The job of this individual is to facilitate public school entry of youth being discharged from mental health and adjudicated facilities. In the past year, 67 percent of the discharged youth who needed special educational services have been so placed. Most of these students had not been in special services prior to institutionalization. The concept as well as the success record is excellent and warrants duplication.

Personnel needs and qualifications. One of the frequently repeated concerns voiced in delinquent and correctional facilities has been the lack of adequately prepared teaching staff in the area of special education. The 1977 GAO report indicated, in the five states visited by their consultants, approximately 6 percent of the teachers in juvenile correctional institutions were special education certified. It was unclear whether this meant fully certified or included provisional special education certification also. Certainly the National Needs Analysis project found a great deal of variance in percentage of certification across the states.

In general, the educational services are usually provided by subject-certified staff. The number of teaching staff holding certification in behavior disorders is far fewer in facilities for adjudicated youth as compared to mental health

facilities. Four of the states indicated the presence of at least one or two teachers certified in behavior disorders in every juvenile correctional facility in their state. On the other hand, in one state 80 percent of the educational staff in the juvenile correction facilities held certification in behavior disorders. This appeared to be an exception rather than the rule. It was evident in the interviews that the increase in numbers of certified special education staff was directly linked to the implementation of interagency agreements which required that the facility staff meet state education agency standards. Attrition data for teaching staff in juvenile correctional facilities were scarce. The general sense of the situation obtained during the interviews was that this varied tremendously from state to state. In some states turnover was almost nonexistent. In other states employment in juvenile correctional facilities was viewed as a stepping stone to the higher salaried positions in the public schools, once special educational certification was obtained.

Availability of support services also varied a great deal. In some instances the services provided were predominately medical/dental and diagnostic in nature. In other states a larger cadre including psychiatrists and speech and language clinicians were employed. Several states indicated a need for personnel such as occupational and physical therapists and adaptive physical education teachers in order to offer the entire range of related services necessary to support the special education program.

Parent involvement. Because of the increased involvement of parents in the educational planning process as part of Public Law 94-142, the project sought information on this topic from the personnel in juvenile corrections facilities. This seemed particularly valuable since youth, once adjudicated, become wards of the state which then serves in loco parentis even though the natural parents still function as guardians of their children's rights at least in a limited sense. Parent involvement, as one might expect, varies considerably, not so much from state to state but rather from institution to institution. Data reported from three of the states indicate percent of involvement varying from 10 to 70 percent. The key variable is geographical proximity between parents and the institution. Those institutions located near large metropolitan areas or serving a more circumscribed geographical catchment area have higher parental involvement rates. On the other hand, those facilities located in rural areas serving a large geographical territory but which is sparsely populated had difficulty drawing parents into IEP conferences. It was encouraging to learn that in at least two states, staff at the juvenile correctional facilities were sincerely attempting to contact parents for such involvement. Conference telephone calls and home visitations by the IEP team were two mechanisms utilized to increase parental involvement.

### Collaborative Programming between Agencies

According to the 1978 Annual Program Plans, approximately 39,000 behavior disordered children aged 5-21 are served in separate school facilities while another 11,000 are served in other educational environments, e.g., homebound, hospitalized. Because of the way the data are reported, it is difficult to extrapolate what proportion of this represents children and youth in separate public school facilities, mental health placements or non-public school programs. However, it was evident that in the area of behavior disorders in some states there is considerable reliance on placements other than public school programs. In one state, more than half of all handicapped students placed in non-public school facilities bear the label behavior disordered. Additionally, a second state serves nearly 30 percent of its behavior disordered children and youth in out-of-district day or residential placements. It should be noted, however, that in some states out-of-district placement, particularly in non-public school programs, is discouraged. While other agencies are utilized to provide service to behavior disordered students, it would be misleading to imply that those placements represent collaborative programming. In reality, quite the opposite is true. Instances of collaborative programming between local school districts, other public agencies and/or non-public school programs appear to be the exception. This is not to say it does not occur, but certainly such joint ventures are in the minority. Unfortunately adolescents with severe behavior disorders



often are in greater need of the services of individuals from many disciplines and/or agencies than are less severely involved youth. It is more likely that a range of public school, medical, social service, and correctional persons will have already or need to come into contact with these students. Thus, the rather appalling state of viable interdisciplinary collaboration works a greater hardship on severely behavior disordered adolescents.

There appear to be two major problems that inhibit the development of this collaboration to serve severely behavior disordered youth. The first, geographic location, is directly related to district-level service delivery and also affects other program components. In non-urban areas, i.e., most outlying areas of any state, small communities and school systems can not support a full range of services from several disciplines. This is a very complex problem. Just as the need is felt to support a community's right to remain autonomous (i.e., not forcing consolidation of schools), so there is the obligation to support the child's right to the full range of special services needed. Even school consolidation may not help since rural areas often have difficulty attracting a full range of professional services.

The other concern occurs at a state as well as local level. A simplified, but accurate description for it is "turf protection." When more than one discipline is involved in a case at a local education agency level, there are often differing opinions about the relative importance of various

aspects of a child's program. Ultimate control can become an issue. At the state level the translation of this problem is into single line of authority/responsibility problems and allocation of resources. At state and local levels, professionals from various disciplines are far from working out formal or informal agreements to provide smooth collaboration on a full range of services to children and youth.

In spite of the apparent dearth of interdisciplinary collaboration we did encounter within several states examples of collaborative efforts among agencies providing education to behavior disordered children and youth. Cooperative programs between local school districts and mental health programs housed either within local mental health facilities or within the public schools were one model of interdisciplinary collaboration evidenced. Other examples involved joint programming between the local school district and social service agencies. Finally, there were state level programs of a regional nature for behavior disordered students which involved mutual placement and programming by the state department of education and the department of mental health. Interestingly, in one state it was evident that cooperative programming had at one time been more frequent in occurrence. However, turfdom issues between mental health and education led to the demise of those programs and it has been only recently that renewed efforts along these lines have been instituted. In those isolated instances where collaborative

efforts were noted, energetic, positive personalities appeared to be responsible for breaking the barriers and making real progress.

### Summary

As can be seen, behavior disordered adolescents are served in a variety of settings including public schools, private schools, mental health facilities and facilities for neglected or delinquent. While the largest percentage of the population are placed in public school classrooms, there is a heavy reliance by numerous districts upon private schools and other-out-of-district placements. This practice when combined with school demission techniques such as continuous suspension and ignored truancy reflects an unfortunate attitude and frustration held by educational personnel toward behavior disordered adolescents. They by no means represent a "glamour" group of clients; no one is clamoring to provide them service. They represent youth usually with a history of receiving services from various agencies. Unfortunately for at least a segment of the population the service pattern is clear: progression from placement in special education in public school, to mental health and eventually to juvenile corrections. Finally, while the severity of the problems exhibited by these youth often dictates intervention, delivered by a variety of disciplines and/or agencies, the communication and collaboration between these individuals and groups is sorely lacking. All this coupled with the large

number of temporarily certified teachers serving behavior disordered adolescents presents a sad commentary on the quality of services to a population in dire need of a free, appropriate, public education.

## CHAPTER VI

### OTHER ISSUES

The preceding chapters have presented data and perceptions gathered for the major issues from the needs analysis model relative to the area of adolescent behavior disorders. As one might expect in the process of collecting and analyzing all this information other issues surfaced which warrant discussion by virtue, usually, of the frequency with which they were encountered. Hence this chapter is designed to present an examination of several related issues which are of import to the area of adolescent behavior disorders and are included because of the repeated concern expressed regarding them. In addition the chapter includes a summary of the overall strengths and obstacles related to serving behavior disordered adolescents.

#### Single Line of Responsibility/ Interagency Agreements

An analysis of agencies providing services to behavior disordered adolescents reveals a plethora of such agencies both public and private. Included among the public agencies are state departments of mental health, departments of vocational education and rehabilitation, divisions of youth services, departments of corrections, divisions of social

services, family services, departments of human services, departments of institutions or institutional schools and divisions of children's services. While the number and names of such agencies vary from one state to another, it is safe to assume that each state has a multiplicity of agencies designed to provide services to behavior disordered children and youth.

Public Law 94-142 requires that each state education agency serve as the central agency of authority and accountability for the education of all handicapped children and youth within that state. The following excerpt from the Senate Report on Public Law 94-142 clarifies this Congressional intent:

This provision is included specifically to assure a single line of responsibility with regard to the education of handicapped children, and to assure that in the implementation of all provisions of this Act and in carrying out the right to education for handicapped children, the State educational agency shall be the responsible agency. . .

Without this requirement there is an abdication of responsibility for the education of handicapped children. Presently, in many States, responsibility is divided, depending upon the age of the handicapped child, sources of funding, and type of services delivered. While the Committee understands that different agencies may, in fact, deliver services, the responsibility must remain in a central agency overseeing the education of handicapped children, so that failure to deliver services or the violation of the rights of handicapped children is squarely the responsibility of one agency. (Senate Report No. 94-168, p. 24, 1975)

Realizing that each of those different agencies providing services to handicapped children and youth, including those with behavior disorders, operates under its own set of legislative and regulatory requirements, the task of implementing the single agency responsibility requirement has been a massive administrative headache.

Also hampering the implementation of the sole agency responsibility mandate is the fact that in many instances state laws and regulations do not support such a practice. In other words, it is not uncommon that a state education agency has no authority to supervise or monitor educational programs in other state agencies as part of assuring compliance with Public Law 94-142. In fact, the Office of Special Education indicated in its 1979 Implementation Report to Congress on Public Law 94-142, that in some cases responsibility for educational services to handicapped children may be shared by as many as six different agencies. It should also be noted that this lack of clarity regarding lines of authority is a frequently cited problem in state PARs.

In order to address this realistic problem, the following options have been suggested to the states as possible alternatives:

- (1) Written agreements are developed between respective State agencies concerning State educational agency standards and monitoring. These agreements are binding on the local or regional counterparts of each State agency.

(2) The Governor's Office issues an administrative directive establishing the State educational agency responsibility.

(3) State law, regulation, or policy designates the State educational agency as responsible for establishing standards for all educational programs for the handicapped, and includes responsibility for monitoring.

(4) State law mandates that the State educational agency is responsible for all educational programs. (Federal Register, August 23, 1977, p. 42501)

In responding to the single line of responsibility mandate, states have adopted a variety of the above options. Revisions of state law, regulations and policies, and development of interagency or administrative agreements are two such approaches. Several states have created special school districts or local school districts within the departments of social services, mental health, and corrections, etc., to clarify the relationships between the educational program for handicapped persons within those agencies and the state department of education. Analysis of the Annual Program Plans for FY79 and 80 indicates that most states have policies, statements or revised state laws or regulations in place relative to the single line of responsibility provision of Public Law 94-142. Ninety percent of the states indicate that interagency agreements have or are being negotiated. However, these data must be treated cautiously for several reasons. First, some APPs do not specify the agencies with which agreements have or are being negotiated. Second, those states which list the specific agencies and/or include copies of the



agreement do not necessarily indicate other agencies with which they have not or need to negotiate interagency agreements. Thus, some states list one interagency agreement and others list as many as five. Whether that represents all the necessary interagency agreements is uncertain. Compounding the comparison is the organizational differences across states; i.e. mental health institutions may be organized under social services in one state or a department of mental health in another. Finally, it seems apparent after reading the early APPs and the comments related to interagency agreements, that many of these agreements were initially made as part of a cooperative child find effort. In many cases these agreements do not address state education agency monitoring, data collection and other variables related to a range of services beyond child find. Nevertheless, current analysis indicates that at least 40 percent of the state education agencies having interagency agreements have negotiated such arrangements with correctional facilities. Approximately the same percent are involved with interagency agreements with departments of mental health. Interagency agreements with departments of social services (welfare, human resources) are indicated in 50 percent of the states having negotiated agreements. One of the agencies with whom interagency agreements are sorely lacking is departments of vocational rehabilitation or vocational education. Rate of interagency agreements between state education agencies and vocational

agencies ranges from 9 percent to 20 percent. Certainly this area of collaborative agreement needs greater attention.

The majority of states visited as part of the project had at least one interagency or administrative agreement negotiated. Examination of these documents shows that most of them include information regarding: (a) procedures, policies or assurances on referral, assessment, IEP development, due process, confidentiality, least restrictive environment, related services and accountability; (b) staffing needs and standards; and (c) regulatory structures for delegating and coordinating the responsibilities among the participating agencies. The amount of detail incorporated into these documents varies considerably. In some instances the agreements consist of assurances that the above obligations will be met. In other cases, the agreement includes information relative to actual implementation.

While the development of interagency agreements at the state level serves as one indication of interdisciplinary collaboration, the true test of cooperation is the adoption and implementation of such agreements at the local level. The task of establishing actual mechanisms for collaborative services, credentialing of personnel, tracking students, transferring of funds, etc. force the translation of a paper agreement between agencies into a reality. This step is critical since many of the persons interviewed indicated that existence of any agreement for collaborative services on paper

in no way assures that such services are being delivered. In fact, in many PARs states were cited because there was no evidence of actual implementation of interagency agreements. Only one state was commended in its PAR for its coordination and communication with other agencies.

As indicated earlier, lack of state policy, law or regulations and differing agency requirements have proved to be realistic obstacles in the implementation of the single line of responsibility mandate. There are other variables that also have been barriers to successful interagency cooperation. Competition for funds in a time of limited and decreasing resources frequently makes persons protective of their domain. As the role of education expands, other professions and agencies are becoming increasingly leery about the monitoring and control by education agencies. On the other hand, educators have for some time been relegated to second class citizens on the professional hierarchy particularly within mental health and correctional agencies. There is some irony to the situation as it now exists with education being the focal point of intervention in the lives of handicapped children and responsibility for monitoring this resting in the state department of education. It is, of course, most unfortunate that we cannot rechannel our energies away from the "petty bickering" which accompanies defending one's turf and into providing quality services to the children in need of

them. This is particularly true in an area such as adolescent behavior disorders where service is sparse at best.

### Related Services

Public Law 94-142 requires, among other things, the provision of related services to handicapped children in instances where such services are necessary for the student to benefit from special education. These services include transportation and others which are developmental, corrective or supportive in nature such as speech therapy, audiological and psychological services, physical and occupational therapy and medical and counseling services. It is important to emphasize the supportive nature of these services; that is they are designed to supplement or augment the special education program of a student identified as handicapped. Need for such related services would, of course, be reflected in the individualized education program (IEP) developed for the handicapped student.

The area of related services has been one which emerged as a problem in the implementation of the single line of responsibility mandate. Differing laws that govern other agencies which are frequent providers of related services have made it difficult for state education agencies to monitor the provision of these services.

Second, some agencies because of Federal monitoring and red tape, have elected to withdraw previously offered related

services such as counseling, physical and occupational therapy and vocational rehabilitation. In the words of one administrator of a state supported facility, "The money is not worth the hassle." This has literally forced some state education agencies to assume provision of such services. Needless to say, these added responsibilities have not been accompanied with increased budgetary allotments to cover the costs.

In a somewhat related vein is the lack of clarification of the scope of related services. Agencies are confused about what constitutes a related service as required under the law. Differences between court rulings, Federal laws (Public Law 94-142 and Section 504 of the 1973 Rehabilitation Act) and interpretation by the Department of Education and the Office of Civil Rights on the topic of related services have contributed to the general state of confusion. One excellent example has been the issue of providing psychotherapy. While the Office of Civil Rights has interpreted Section 504 to include psychotherapy as a related service, only within the past months has the Office of Special Education issued a proposed policy statement on the matter. Its recommendation that schools should provide handicapped students with needed mental health services, i.e., psychotherapy or psychiatric counseling, if it will enable them to benefit from special education, would, if adopted, coincide with the stance taken by the Office of Civil Rights. Certainly such an interpretation has major implications for the area of behavior disorders.

While this interpretation may help resolve the confusion and hence unwillingness of schools to provide such services it also complicates the fiscal situation. State and local education agencies are being pressed to the limit to augment and initiate new services in a time when fiscal restraint in public spending is being encouraged. This is accompanied by the fear that agencies previously offering related services such as psychotherapy or a similar mental health service will now withdraw their support, placing the financial burden back on the schools. Furthermore, there is some question as to the increasingly broad scope of related services. In other words, is it reasonable or feasible to expect schools to monitor provision of services which are becoming further and further removed from education?

#### Advocacy and Behavior Disorders

Any discussion of the area of adolescent behavior disorders would be incomplete without some mention of the role of advocates. Advocates on behalf of children and youth with behavior disorders take many forms: individuals, agencies and organizations. Most states visited could identify one or more groups that have served as active advocates if not in the area of adolescent behavior disorders at least in the broader field of behavior disorders. The composition of such groups varied from state to state and included: parents, mental health personnel, teachers of children and youth with behavior disorders, and trainers of teachers of behavior disordered

children and youth. While such individuals and groups are apparently visible as advocates, most persons interviewed evaluated the effects of such groups as moderate at best, particularly when viewed in light of the strong advocacy movements in other areas of special education.

Concern was expressed in several instances regarding the adversarial nature that sometimes exists in the relationship between advocates and public school officials. In one instance, we encountered guidelines which had been developed in an attempt to clarify the relationship and enhance positive interactions. These guidelines indicate the need to remain child focused rather than system or parent focused during all advocate-school interactions. In addition, advocates must interact with parents prior to any IEP conference as a means of insuring a more knowledgeable advocate. Moreover the school provides training for advocates and, in the instance of a student's initial consideration as handicapped, sends parents a list of advocates and their phone numbers. The above represented one of the few organized approaches encountered in educational systems to address the use of advocates.

Regardless of the antagonism that can be associated with the use of advocates, there was a general consensus that this was a resource within behavior disorders that has remained largely untapped. As indicated previously, behavior disordered children and especially those at the secondary level

do not generate an overabundance of affection and concern within some areas of education. Similarly it has been difficult to create or encourage an active advocacy movement on behalf of this population from outside of the educational system. Interestingly many personnel interviewed indicated that such a movement would be a valuable asset in the push to improve services to behavior disordered children and youth.

Services to Handicapped  
Offenders, Ages 18-24

While this document dealt in some detail with provisions of services to adjudicated juveniles, little or no mention was made of services to those offenders under age 21 (or 24 depending on the state) who are incarcerated in adult penal facilities. The reason for that omission should be obvious. Very little is being done to address the special educational needs of this population. While the data we collated on other areas of service delivery were at times inconsistent and scarce, the lack of any data relative to services for 18-24 year old handicapped offenders is painfully lacking.

If there are "new frontiers" in special education certainly this must be one of them. Designing the content and direction of appropriate special education and related services to this population and its relation to any existing educational and rehabilitative services already provided within penal institutions will require some creative thinking on the part of responsible personnel. Coupled with this



creativity, there must be a clear understanding of the needs of this population and in the problems inherent in implementing education in such a system. While a few states are receiving pressure to expand services to this age level of incarcerated individuals, it should also be noted that a few states have circumvented this problem by changing state law, statutes or regulations to lower their age limit to 18. Since Public Law 94-142 defers to existing state law for services to individuals between the ages of 18-21, some states felt it was feasibly and philosophically more effective to constrict their current age limits accordingly.

#### Graduation Requirements

Brief mention should at least be made of the growing concern regarding graduation requirements and the handicapped, including behavior disordered adolescents. Data regarding the number of "officially" labeled behavior disordered students who do, in fact, graduate is not being collected at this point in time by most local service delivery systems. Thus, it is impossible to know how many behavior disordered students actually graduate. Some local districts did indicate that a small number of these students do graduate. However, it was difficult to ascertain the requirements which governed their graduation and whether the school used differential diplomas, certificates of attendance, etc. A related issue which the

project did not explore, but which has definite bearing on the issue is the relationship between a state's minimal competency requirements and the school district's special education program. For a more indepth examination of the parameters of graduation requirements and handicapped students, including behavior disordered adolescents, readers are referred to the Council of Exceptional Children's Policy Option Paper by Higgins and Hockenbury (1979).

#### Vocational Programs for Behavior Disordered Adolescents

One essential aspect of secondary level programs for some behavior disordered students is vocational education. Unfortunately the number of these students who have access to and participate in vocational programs as part of their educational program is relatively small. While actual data on this were not available, it is known that approximately 2 percent of all secondary level handicapped students participate in vocational education programs. It seems safe to assume that within this figure the percentage of behavior disordered youth is miniscule. However, the need for vocational programs and for increased participation in existing programs by behavior disordered adolescents was a consistently voiced concern across the states visited. Where possible, it was deemed desirable to have behavior disordered adolescents receive vocational education with their nonhandicapped peers in existing vocational programs. However, in some large urban

areas, separate vocational programs for handicapped students were provided. As previously indicated, in some states participation in vocational education training is mandatory for all handicapped students who are enrolled in specialized education and who will not or cannot participate in the regular education curriculum. Within the vocational programs a variety of options may be present including: simulated work experiences, work-study, on-the-job training, off-campus work situations or cooperative programming with area vocational-technical schools. Whatever the nature of these experiences, it appears critical that efforts be intensified to insure that behavior disordered adolescents have access to such programs. It was general consensus that the appropriate mechanism to gain such access is through the student's IEP. Therefore every effort must be made to guarantee that, where appropriate, a vocational education component be incorporated into the IEPs of behavior disordered adolescents.

#### Violence and Behavior Disorders

One further dilemma confronts the field of behavior disorders, that of the increasing concern regarding violence in the schools and the implications thereof for behavior disorders, especially at the secondary level. Since the parameters of the problem of increasing violence have already been described in detail in the NIE report Violent Schools - Safe Schools, there is no need to reiterate those data here.

However, it should be noted that the various aspects of violence, e.g., verbal abuse, vandalism, personal violence, theft, disruption, damaging offenses, etc. are more of a problem at the secondary level than the elementary. Interestingly junior high schools appear more plagued with these problems than do senior high schools. While there appears some hint of a decline in the number of crimes in the schools, it is impossible to overlook the fact that the existence of these disruptions have implications for the field of behavior disorders. Certainly we are aware that a large percentage of these offenses are not committed by students labeled behavior disordered. On the other hand some are. However, the concern is not so much with numbers or percentages of behavior disordered adolescents involved in crimes of violence, but rather with the potential effect of the interventions which schools are using to combat the violence of this population. Particularly in schools reporting high incidence rates of violence, successful strategies emphasize increased disciplinary intervention (as opposed to increased security). For a population such as behavior disordered adolescents who have difficulty with rule following behavior the heightened emphasis on discipline could prove to be problematic. Put another way, it appears professionals in the field of behavior disorders must grapple with the apparent conflict which is emerging from what is an obvious call by regular education teachers, administrators, parents and other individuals within the

community for tighter, more strict enforcement of disciplinary codes and the press by special educators for secondary schools to more readily address the needs of behavior disordered adolescents. One final note - again the principal and school administration have been identified as the key element in the successful resolution of the problems related to violence. This provides additional support for the need for professionals in behavior disorders to work closely with school officials to sensitize them to the problems related to serving the behavior disordered population.

#### Obstacles to Services for Behavior Disordered Adolescents

Much of the information gathered during the project's work was not in the form of facts and figures, but in the form of comments, reactions and evaluations made by the personnel from all populations. The following are some consistently voiced opinions about the major obstacles to complete and effective service delivery for behavior disordered adolescents.

- (1) State and local education agencies are being required to provide unlimited services with limited resources. Demands of Public Laws 94-142, 89-313, 93-380, Section 504 and numerous court orders and consent decrees are ever increasing the scope of services for which the public schools are responsible. Some of these demands are made for services from agencies

over which ~~state and~~ local education agencies have no legal control. While many agencies may provide services to behavior disordered youth, only the state education agency is charged with total responsibility.

- (2) So much energy, necessarily, is being expended in an effort to "catch up" on service delivery needs that virtually no effort is being focused on prevention or on the special needs of the gifted behavior disordered adolescent.
- (3) Due to our general lack of skill in dealing with behavior disordered adolescents, most of these students spend too much time in special programs and do not benefit from planned or supervised reintegration into the environments where these problems must be worked through. Consequently failure and recidivism is high whether the setting is public school classes, mental health, or youth services.
- (4) Increasingly strict juvenile codes are hampering individualized evaluation and programming.
- (5) Support services are difficult to obtain for this population. Additionally, school administrators are reluctant to include and/or support such programs in their buildings. Interdisciplinary collaboration is poor. Coordination of services can appear impossible.

In general it appears that a lack of direction in appropriate service delivery is exacerbated by poor support and cooperation. Given an increase in the latter, hope could be held out for more rapid improvement in the former.

#### Assets to Services for Behavior Disordered Adolescents

Most everyone interviewed had isolated "strengths" to report in one program or another or in one district or another. Unlike the obstacles which were universally voiced, the assets are seldom as cohesively viewed. This is not to discount the isolated assets. They exist as proof that good work can be done. It is, however, a comment on the generally discouraged and frustrated "state of mind" in the field. Adolescent students are among the most difficult to work with and the least desirable in terms of jobs, inclusion in buildings, prognosis, etc. Despite all of that, some evidence exists to suggest that things are changing:

- (1) The Office in Special Education is targeting increasing amounts of money toward severe behavior disorders, especially at the adolescent level. Over time this will help to alleviate some of the shortages in human resources and will allow for the establishment of more model programs.
- (2) Regular school faculty and administration appear to be becoming desensitized to the adolescent behavior

disordered population. There is a little less resistance to and slightly more support for programs for these students than existed three years ago.

- (3) State education agency recognition of the needs of these youth has increased considerably and consequently more effort is being expended to establish sound, ongoing programs.

### Summary

It is apparent as one examines the major and related issues surrounding serving behavior disordered adolescents, that this is an area in dire need of attention. One is also impressed (if not overwhelmed) with the complexity and enormity of the problems involved in trying to overcome the reality and obstacles confronting service to this population. The pressing need to implement the single line of responsibility mandate and to clarify the scope of related services, while not limited in impact to just behavior disordered youth, cannot be overlooked. Similarly, resolution of conflicts related to lack of vocational programming, inequality in graduation requirements, and violence in secondary schools will contribute to the advancement of overall efforts in the broad area of educating behavior disordered adolescents.



## CHAPTER VII

### FUTURE DIRECTIONS AND SUMMARY

Considering the amount and quality of data collected specific to behavior disordered adolescents, it would be presumptuous to present a series of far reaching suggestions for change in the area. However, some issues surfaced consistently enough across all populations that they are appropriate for consideration.

#### Future Directions

1. It is apparent that the discomfort the professionals in behavior disorders are feeling with the federal (Public Law 94-142) definition of seriously emotionally disturbed is more than an initial uneasiness with a new or different perspective on the subject. Rather, the problems are serious, ongoing, and are inhibiting appropriate services to children and youth. This is occurring to such an extent that it warrants serious consideration by the Office of Special Education. Although it is difficult for such major changes to be considered after final regulations are prepared, it appears time for an exception. The bias of this project is evident by virtue of its decision to use the term behavior disorders and by

virtue of its recommendation for definitional change. Although it is felt that any one or combination of changes as suggested by the people visited would improve the situation to some extent, it is felt that the changes suggested by the project incorporate the best of current thought. It appears best to re-think the problem now rather than to face the continued confusion and frustration in future years.

2. Attention must be given to the collection of appropriate data within other public agencies, particularly mental health and corrections. While public schools are perhaps "chafing" under the plethora of data required as part of Public Law 94-142, the obvious lack of such data in other public agencies is discouraging. Although one is hesitant to "wave the red flag" of more paper work, at a minimum it is essential to be able to retrieve accurate, unduplicated counts of youth served in such facilities. It should be pointed out that some of these data are currently required by Public Law 89-313, but it appears that such requirements have not been observed on a large scale. Basic data about numbers of youth labeled, previous educational placement, numbers served, and placement upon release should be available within agencies providing education to handicapped students. Only a couple of the states visited were

able to retrieve such basic information. It does not seem unreasonable to expect that an education director for a juvenile delinquent facility should be able to determine how many of the population were labeled behavior disordered upon arrival, how many were so labeled after intake evaluation and how many certified behavior disordered teachers are programming for them. Data collection systems that may have been adequate when mental health and corrections had "nothing to do with" public schools are inadequate for a time when youth need to be tracked through services and cooperatively handled. Certainly other agencies have established data management and retrieval systems which could be adopted by mental health and corrections. While hopefully it is needless to mention, when such data systems are established, agencies should be admonished to make them as compatible as possible across agencies. What is not necessary is a wealth of data that cannot be translated meaningfully by the other agencies serving the same population concurrently or at some other point in time.

3. Immediate steps must be taken to stop the discrimination that occurs when parents of students served in state operated mental health facilities are charged for education or related services. The financial machinations

behind this phenomenon are complex. However, either costs must be borne by the facility appropriating the proportionate share of earmarked state and federal dollars, or local education agencies and state education agencies must bear the cost directly and be allocated the share of the budget at a state level that normally would go to facilities for that purpose. The law is clear: free, appropriate, public education.

Due to some widespread misunderstanding, it is necessary to reiterate that the purpose of placement is the crux of the confusion. If placement is for educational purposes, the responsible education agency must ensure that parents are not charged for special education and related services including non-medical care and room. Depending on state statutes or regulations, an SEA or LEA may or may not be responsible for costs at a facility if the placement is for other than educational purposes; e.g., care and treatment. The concern expressed above is for charge back to parents for special education and related services that are the result of placement for educational purposes.

4. Serious reconsideration must be given to the entire area of related services. Heretofore, the Office of Special Education has responded to clarification of the scope of related services in a piecemeal fashion.

Given conflicting interpretations among agencies and between the courts and these agencies, it is necessary to step back and examine both the fiscal and philosophical implications of a broadly defined focus within related services.

5. Both of the previous suggestions are part and parcel of one of the major problems being faced by state education agencies: single line of responsibility.

Again the law is clear: state education agencies bear the full responsibility for the education of all handicapped children and youth in the state. Whether the student is provided an education in a public school classroom, a facility for delinquents or a mental health facility, the state education agency is responsible for the existence of and appropriateness of that educational service. Such responsibility is unfair and meaningless without the authority to make the decisions about the student's education.

Congress clearly did not say "state education agencies are responsible for behavior disordered adolescents unless they are in a mental health facility or have been adjudicated". Congress did say that state education agencies were responsible for assuring the education of all handicapped students. State education agencies are going to need the assistance of meaningful interagency agreements

and/or supportive state statutes in order to establish that single line of responsibility for handicapped children and youth. Highest priority must be given to insure the implementation of the requirement of the single line of responsibility. The Office of Special Education must work closely with the states to achieve this mandate. Establishing clear criteria for inter-agency agreements is one possible avenue of assistance. Providing technical assistance to states in the area of developing interagency agreement may also be useful. Certainly there are sufficient instances of successful interagency agreements being effected that these can be shared as models for other states. Monitoring the success of interagency agreements will also be necessary. It may be possible that because of the difficulties involved with such agreements the number now in existence and the content of those, actual revision of state law or regulations will be necessary to establish the line of authority. Given interagency agreements in place, state education agencies also need to develop a means of assisting and monitoring the actual implementation of these agreements at the local level. Technical assistance in the form of workshops, handbooks or guidelines should be considered as a means of encouraging

collaborative efforts among local agencies. The law cannot be fully implemented until single line of responsibility is established.

6. The need for re-conceptualized inservice is paramount. Inservice is potentially one of the best methods for upgrading skills of large numbers of professionals. Public schools must recognize that effective inservice requires a time and money commitment. Disillusionment at not getting desired results from "consciousness-raising" half-day lectures is the result of unrealistic perceptions of what good inservice is or unclear communication between inservice providers and recipients as to the purpose of that inservice. Carefully planned, long-range inservice provided by a variety of persons with varying expertise should bring about the skill upgrading that the districts and facilities are looking for.
7. Institutions of higher education cannot turn a deaf ear to repeated concerns from local education agencies that teachers are graduating from training programs unable to deal with behavior disordered adolescents. The change in programs required need not take massive amounts of new dollars, but rather requires a critical look at the range of information and

experience offered in existing courses. Inadequately trained and/or selected teachers will only hurt the field and increase attrition rates.

8. All populations (LEAs, SEAs and IHEs) must redouble their efforts singularly and in concert to recruit, train and maintain quality teachers to work with \_\_\_\_\_ behavior disordered adolescents. While suggestions #6 and #7 relate to quality, the concern here is for sheer numbers. Shortages are of such proportion that the situation cannot be allowed to continue as is. Some form of planned, systematic intervention to resolve the problem is necessary.
9. The misuse of exclusionary practices such as continuous suspension, ignored truancy, and the inappropriate use of homebound instruction and shortened school days must be stopped. While significant inroads have been made as it relates to expulsion, parallel prohibitions for the misuse of other exclusionary techniques are not being observed on any systematic, widespread basis. Such practices may, in fact, be indicative of more substantial issues such as what constitutes appropriate programming for behavior disordered adolescents and attitudes toward this population by regular educators. In any instance attention must be directed toward



providing appropriate services for behavior disordered adolescents with an eye towards the elimination of misuse of school demission techniques.

### Summary

Information on behavior disordered adolescents is difficult to interpret. Local education agencies do not necessarily collect information specific to the adolescent behavior disordered population. We assume that some of this population is served within the mental health system; however that varies from state to state. Facilities for adjudicated youth present some of the most difficult problems of all. Since their primary purpose is legal, the educational status of a youth has, historically, been of little use or concern. Further, while certainly a large number of adjudicated youth are behaviorally disordered, many are not. No one is even totally sure of the distinctions. Also, these facilities are the ones least likely to have accurate data on the handicapping conditions of the youth committed to them.

Despite all of the above qualifications, there is still consensus that behavior disordered adolescents are among the least appropriately served students with special needs. This may be the result of poor teaching, difficulty of service, prognosis, inadequately trained teachers or uncertainty of eligibility. Singly or combined these concerns interfere with the appropriate delivery of services to this population. Hopefully the

suggestions made earlier in the chapter will begin the process of more appropriate services to behavior disordered adolescents.

## REFERENCES

- Administrative manual for programs for exceptional children.  
Dover, Delaware: Department of Public Instruction, 1978.
- Adolescent center. Madison, Wisconsin: Lutheran Social Services and Madison Metropolitan Schools.
- Advanced studies in education. Iowa City, Iowa: University of Iowa, 1979.
- Alper, A. Personal communication, June 16, 1980.
- Annual program plans (for all 50 states and five territories).  
Washington, D.C.: Office of Special Education, Division of Assistance to States, 1978-1983.
- Annual survey of average daily attendance of handicapped children in schools operated or supported by state agencies.  
Washington, D.C.: Department of Health Education and Welfare, Office of Education, 1980.
- BEH policy letters on Public Law 94-142. Office of Special Education, Division of Assistance to States, 1979.
- Boozee, R. Education personnel in Delaware public schools.  
Dover, Delaware: Department of Public Information, Document No. 95-01/80/02/04, 1980.
- Case planning and service assurance to children exiting state mental health facilities. Lansing, Michigan: Department of Mental Health, 1978.
- Certification standards. Madison, Wisconsin: Department of Public Instruction.
- Children in adult jails. Washington, D.C.: The Children's Defense Fund Research Project, 1976.
- Children out of school in America. Washington, D.C.: The Children's Defense Fund Research Project, 1974.
- Clarizio, H. and McCoy G. Behavior disorders in children.  
New York: Thomas P. Crowell, 1976.
- Cole, J. Design for success: Compensatory education programs in Michigan for neglected and delinquent children in state institutions. Lansing, Michigan: Family and Youth Services, M.D.S.S.
- Count of resident EEN students. Madison, Wisconsin: Department Health and Social Services, Division of Corrections, 1979.

- Cullinan, D. and Epstein, M. Special education for adolescents: Issues and perspectives. Columbus, Ohio: Charles E. Merrill, 1979.
- Discipline policy and attendance policy. Des Moines, Iowa: Des Moines Public Schools, 1978.
- ED proposed certification standards. Madison, Wisconsin: Department of Public Instruction.
- Education Advocates Coalition. Report on federal compliance activities to implement the Education for all Handicapped Children Act (Public Law 94-142). 1980.
- Education for the handicapped law report (3 vols.). Washington, D.C.: CRR Publishing Company, 1980.
- Emotionally disabled and chronically disruptive pupils. Des Moines, Iowa: Department of Public Instruction, Special Education Division, 1979.
- End of year fiscal and performance reports. Washington, D.C.: Office of Special Education, Division of Assistance to States, 1979.
- Evaluation of progress in identifying and serving children with emotional disabilities. Ankeny, Iowa: Area Education Agency 11, 1979.
- Federal register, direct grant programs, state-administered programs, and general administrative regulations. Washington, D.C.: Department of Health, Education and Welfare, Office of Education, 1979.
- Federal register, financial assistance to local and state agencies to meet special educational needs. Washington, D.C.: Department of Health, Education and Welfare, Office of Education, 1979.
- Federal register, financial assistance to local education agencies to meet the special educational needs of educationally deprived, neglected and delinquent children. Washington, D.C.: Department of Health, Education and Welfare, Office of Education, 1979.
- Federal register, grants to state agencies for programs to meet the special educational needs of children in institutions for neglected or delinquent children. Washington, D.C.: Department of Health, Education and Welfare, Office of Education, 1978.
- Federal register, state operated programs for handicapped children. Washington, D.C.: Department of Health, Education and Welfare, Office of Education, 1978.

Fiscal year update 1979-80 to the 1976 Michigan state plan for comprehensive mental health services. Lansing, Michigan: Department of Mental Health, 1980.

Gearheart, B. Special education for the 80's. St. Louis, Missouri: C. V. Mosby Company, 1980.

General Accounting Office. Report to the Congress, learning disabilities: The link to delinquency should be determined, but schools should do more now. Washington, D.C.: U.S. Government Printing Office, #66D-76-97, 1977.

Gilmore, J. and Argyros, N. Special education certification: A state of the art survey. New York: Research Foundation of the City University of New York, 1977.

Guidelines for development of successful local planning meetings and agreements. Lansing, Michigan: Department of Mental Health.

Guidelines for special education, programs and services for emotionally impaired. Michigan: Department of Education, Special Education Services, 1973.

Ham, K. Report of educational statistics. Dover, Delaware: Department of Public Instruction, Planning, Research, and Evaluation Division, document 95/79/10/16, 1979.

HEW task force on the report to the President from the President's commission on mental health. U.S. Government Printing Office, 1979.

Higgins, S. and Hockenberry, C. Policy options regarding graduation requirements and their impact on handicapped students. Reston, Va.: The Council for Exceptional Children, 1979.

Hockenberry, C. and Higgins, S. Policy issues and implications on the education of handicapped adjudicated youth. Reston, Va.: The Council for Exceptional Children, 1979.

The identification of emotionally disabled pupils: Data and decision making. Iowa: Iowa Department of Public Instruction and Midwest Regional Resources, Division of Special Education, 1979.

Identified emotionally disabled and chronically disruptive students. Des Moines, Iowa: Department of Public Instruction, Special Education Division, 1979.

Information manual, Terry Children's Psychiatric Center. New Castle, Delaware: Division of Mental Health of the State of Delaware.

Intermediate school district plan for the delivery of special education programs and services as required by Legislative Act 198 of 1971 for school year 1979-80. Michigan: Washtenaw Intermediate School District, 1978.

Intermediate school district plan for the delivery of special education programs and services as required by Legislative Act 198 of 1971 for school year 1980-81. Michigan: Washtenaw Intermediate School District, 1979.

"Joint testimony of the Council of Chief State School Officers and the National Association of State Directors of Special Education." Washington, D.C.: Liaison Bulletin, 10/16, a publication of NASDSE, Inc., 1979.

"Legal rights of handicapped pupils in disciplinary procedures." Madison, Wisconsin: DPI Newsletter, Vol. 30, No. 11, 1978.

Master of Arts in education degree - major in special education. Cedar Falls, Iowa: University of Northern Iowa, 1979.

Master of Arts in teaching. Sioux City, Iowa: Morningside College, 1979.

Mental health regions. Lansing, Michigan: Michigan Department of Mental Health.

Number of ED programs. Madison, Wisconsin: Department of Public Instruction, 1980.

Plan for the delivery of special education programs and services as required by Public Law 94-142 and Public Act 198 for 1979-80 and 1980-81. Michigan: Michigan Department of Social Services, Office of Children and Youth, Institution Services Division, 1979.

Policy issues and implications on the education of adjudicated handicapped youth. Reston, Va.: Council for Exceptional Children, 1980.

Proceedings: Annual meeting of the National Association of Training Schools and Juvenile Agencies. Vol. 67-72, 1971-77, Indianapolis, Indiana: National Association of Training Schools and Juvenile Agencies.

Program administrative reviews (for all 50 states and five territories) Washington, D.C.: Office of Special Education, Division of Assistance to State, 1978-1980.

Progress toward a free appropriate public education, an interim report to Congress on the implementation of Public Law 94-142: The Education for all Handicapped Children Act. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1978.

Progress toward a free appropriate public education, a report to Congress on the implementation of Public Law 94-142: The Education for all Handicapped Children Act. Washington, D.C.: U.S. Department of Health, Education, and Welfare. 1979. (HEW Publication No. [OE] 79-05003.)

Progress toward a free appropriate public education, semiannual update on the implementation of Public Law 94-142: The Education for all Handicapped Children Act. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1979. (U.S. Government Printing Office: 1979 0-631-611/2923).

Proposed special education rule changes. Michigan: Michigan Department of Education, 1978.

Proposed: regulations concerning children requiring special education, section 10-76a to 10-76l, inclusive, of the general statutes. Hartford, Connecticut: Division of Instructional Services, Bureau of Pupil Personnel and Special Education Services, 1979.

Public school information and private school information. Madison, Wisconsin: Department of Public Instruction, Information Series Number II, 1980.

Regulations 766. Massachusetts: Massachusetts Department of Education, Division of Special Education, 1978.

Report to the President from the President's commission on mental health. U.S. Government Printing Office, 1978.

Research report of the institutional services division, an update of evaluation 1974 through 1979. Lansing, Michigan: Office of Children and Youth Services. 1979.

Rules implementing subchapter IV of Chapter 115, Wisconsin Statutes. Madison, Wisconsin: Department of Public Instruction, 1978.

Rules of special education. Des Moines, Iowa: Department of Public Instruction, Special Education Division, 1977.

School suspensions, are they helping children? Washington, D.C.: The Children Defense Fund of the Washington Research Project, Inc., 1978.

Smith, G. Certification, employment, and attrition of special education professional personnel in Michigan. Detroit: Wayne State University, College of Education, 1979.

Special education code as amended. Lansing, Michigan: Michigan Department of Education, 1977.

Special education, undergraduate handbook. Cedar Falls, Iowa:  
University of Northern Iowa, 1979.

State regulations regarding the implementation of education for handicapped children. Alaska, Arizona, Arkansas, California, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New York, North Dakota, Ohio, Puerto Rico, Utah, Wyoming.

Supply and demand, educational personnel in Delaware, 1978-79.  
Dover, Delaware: Department of Public Instruction,  
document 95/01-79-06-03, 1979.

Training of leadership personnel in emotional disabilities.  
Iowa: Special Study Institute Number 0101, 1979.

Violent schools - safe schools: The safe school study report to the Congress. Vol. I. Washington, D.C.: National Institute of Education, 1978.

West, D. Personnel development report submitted for Part D application. Des Moines, Iowa: Department of Public Instruction. 1979.

The Wisconsin State Department's position on multi-categorical programs: rationale/parameters/process for implementation.  
Madison, Wisconsin: Department of Public Instruction,  
Division of Handicapped Children, bulletin no. 78-3, 1978.

Wisconsin statutes, Chapter 115, subchapters III and IV.  
Madison, Wisconsin: Department of Public Instruction,  
Division of Handicapped Children, 1978.

Wood, F. (ed.) Teachers for secondary school students with serious emotional disturbance: Content for training programs. Minneapolis, Minnesota: University of Minnesota, 1979.

Wood, F. Formal assessment of disturbing/disturbed behavior: The starting point for sound intervention decisions.  
Minneapolis, Minnesota: University of Minnesota, 1980.

Wood, F. and Laken, C. (eds.) Disturbing, disordered or disturbed? Minneapolis, Minnesota: University of Minnesota, 1979.



APPENDIX

PROJECTS FUNDED IN THE AREA OF ADOLESCENT BEHAVIOR  
DISORDERS BY THE DIVISION OF INNOVATION AND  
DEVELOPMENT, OFFICE OF SPECIAL EDUCATION,  
1978-1980

## APPENDIX

### PROJECTS FUNDED IN THE AREA OF ADOLESCENT BEHAVIOR DISORDERS BY THE DIVISION OF INNOVATION AND DEVELOPMENT, OFFICE OF SPECIAL EDUCATION, 1978-1980

This Appendix includes an annotated listing of projects and programs providing services for behavior disordered adolescents funded by the Division of Innovation and Development (DID), Office of Special Education. They are listed in alphabetical order by state.

In choosing the projects and programs for inclusion, the authors limited the selection to those which have a primary emphasis on serving behavior disordered adolescents. This judgment was based on descriptions provided by the projects themselves to DID/OSE. In some instances, other populations of adolescents (usually learning disabled and/or mentally retarded) may also be a focus of the projects and programs. However, every effort was made to confine the selections to those having a clearly identifiable emphasis on behavior disordered adolescents.

The reader should be aware that other projects and programs have been funded which may have implications for applicability to behavior disordered adolescents. This would be particularly true of those projects and programs which are considered non-categorical or cross-categorical. However, such projects and programs were not included unless the description clearly indicated the inclusion of behavior disordered adolescents.

As previously mentioned, most of the annotations included in this Appendix were provided by the various projects to DID/OSE. In a few instances, the descriptions were received directly by the authors from the project or program. Special thanks go to Drs. Max Mueller, Bill Swan and Gary Lamour for their invaluable assistance in collecting the information incorporated into this Appendix.

## CAREER EDUCATION THROUGH ACTION LEARNING (C.E.A.L.)

Focus on Children Under Six, Inc.  
2905 King Street, #7  
Jonesboro, AR 72401

Barbara Semrau, Director

This project is developing a curriculum model which relates academics to career goals while developing work habits, skills and attitudes toward vocational achievement. Specifically, C.E.A.L. will provide career development opportunities to the students designed to increase personal motivation for learning, develop adequate work habits, skills, and attitudes, significantly improve performance in the areas of reading, mathematics, and language arts, as these areas relate to career education and are job specific, develop the social competence necessary for satisfactory performance in a vocational setting, develop skills in self-management and self-evaluation, and develop personal interests which will enable the student to function in adult life and in the world of work at the maximum of his potential. This project will serve mildly handicapped secondary students. During the academic year, each student will participate in the C.E.A.L. classroom for two consecutive classes per day, and will work at an on-campus job for at least four hours per week under contracts with local industries.

## HANDICAPPED EDUCATION FOR LIFE PROJECT (HELP)

Industry Education Council  
Handicapped Project  
1575 Old Bayshore Highway  
Burlingame, CA 94010

Henry D. Weiss, Director

The project will serve handicapped students in grades 6 through 12 in the Pittsburg and Antioch Unified School System.

The project is designed to provide: (1) an assessment of each handicapped student and the development of an individual educational plan (IEP) for improvement of self concept and the acquisition of needed career related skills; (2) individually oriented instruction in career education and experience directed toward improvement of self concept; (3) instruction oriented to parents, employers, and school district personnel to develop the understanding regarding handicapped students' needs for career education and improvements in self concept; and (4) coordinated community effort with the State Department of Rehabilitation, the State Department of Employment Development, the State Department of Education, the Pittsburg and Antioch Unified School Districts, the Industry Education Council of California, the Pittsburg

Chamber of Commerce, the handicapped students and their parents or guardians for maximum utilization and coordination of resources in the education/employment process as it affects handicapped students.

#### SECONDARY LEVEL HANDICAPPED CHILDREN'S MODEL PROGRAM

San Juan Unified School District  
Special Projects Department  
3738 Walnut Avenue  
Carmichael, CA 95608

Robert Ogle, Director

The project serves handicapped students in special classes, grades 7-12, in the San Juan Unified School District. A significant number of these students are severely emotionally disturbed.

The project provides the following basic components: (1) direct instruction in all curriculum areas; (2) staff development for all special class teachers and aides in grades 7-12; and (3) significantly increased student performance in the areas of task completion and accomplishment of learning objectives. The objectives of the project are: (1) continuity of special class programs from grades 7-12; (2) improvement in the quality of instruction; (3) enhancement of teacher competency; (4) increased and positive contact between special and regular education staff, (5) increased student academic performance and school attendance; (6) increased parent/agency participation in special education programs; and (7) availability of a tested model program for secondary level students for regional, state and national dissemination/replication.

#### JUNIOR HIGH SCHOOL SPECIAL EDUCATION PROGRAM

Santa Maria Elementary School  
321 N. Thronburg  
Santa Maria, CA 93454

Joseph Purdy, Director

This project plans to develop a model special education program for handicapped junior high school students that will use a Pontoon-Transitional Design for secondary schools developed by Dr. William Georgiades, a form of team teaching that utilizes the interrelationship of various disciplines in a flexible block of time. The three basic instructional components in the system are independent study, small group discussion, and assembly group presentations, all focusing on instruction, practice and application, all utilizing a consistent approach to behavior and academic management.

The project plans to implement the Pontoon concept as a "school within a school" composed of the special education team, the building principal, regular and special class teachers, counselors and support personnel from the Educational Assessment Service. The handicapped student is assigned to this Pontoon, or program, and, as his or her ability to function effectively in this program increases, may be reassigned to the more traditional junior high program. A Diagnostic Center will be created that will diagnose pupil-teacher and pupil-pupil interactions through classroom observation in the Pontoon.

#### COLORADO WILDERNESS TRAILS

Colorado Wilderness Trails  
P.O. Box 445  
Conifer, CO 80433

Caroline Hogue, Director

The project serves seriously emotionally disturbed, early adolescent girls ages 9-14 from urban Denver, Colorado.

The project utilizes an orientation and adventure training component, a wilderness challenge component, and a home/school/community component during a twelve-month cycle. The initial orientation component includes such activities as parent/child/counselor and teacher/child/counselor conferences focusing on individual goal setting and behavior contracting, trip planning and group goal setting, defining procedures to be used in the group, physical conditioning and initiative games, and an overnight camping trip the weekend before departure.

The 26-day wilderness challenge component utilizes a base-camp from which small expeditions such as raft trips, backpack trips and peak ascents are conducted. The girls must cooperate in teams to achieve the basic needs of food, warmth and shelter. The home/school/community component includes parent/child/counselor conferences evaluating trip performance; defining new goals and contracts for home and school; continued counseling on a regular schedule; day, overnight and weekend wilderness trips; and community service projects. Process and product evaluation will indicate both short and long-range effects of the project.

#### A SENSE OF PRIDE

Institutional Development and Economic Affairs Service, Inc.  
Magnolia Road  
Nederland, CO 80466

Brian Beun, Director

The project will serve physically and emotionally handicapped youth in grades 9 to 11 and may possibly include out of school youth, aged 21 to 25, in the Denver Metropolitan Area (Boulder County, Jefferson County and Arapaho County School Districts).

The project provides an opportunity for handicapped youth to utilize cultural journalism and photographic skills to interview experientially handicapped adults who have been successful in professional careers. The aim is to motivate handicapped youth who would otherwise not aspire to high professional goals to consider more meaningful career goals.

#### EXPERIENCE-BASED CAREER EDUCATION FOR THE HANDICAPPED

Portland Board of Education  
264 Main Street  
P.O. Box 231  
Portland, CT 06480

George Culp, Director

This project serves 26 special education students in Portland, Connecticut and eventually will serve 30-40 students there and in 6 surrounding school systems.

Developing a model program for handicapped children of secondary school-age designed to meet their career education needs is the focus of this project. Program features include revision of the Experienced-Based Career Education (EBCE) materials for handicapped children, revision of the existing site analysis process to accommodate handicapping conditions, building on existing regional network and on existing dissemination and replication capability, and utilizing a carefully structured evaluation process.

#### SURVEY: EH/LD ADOLESCENT EDUCATION

Rex Schmid  
University of Florida

The purpose of this project is to provide data on existing educational services for secondary level learning disabled and emotionally disturbed students. (Field Initiated Research)

## A DATA BASED SERVICE CASCADE MODEL FOR MILDLY HANDICAPPED HIGH SCHOOL STUDENTS

Indianapolis Public Schools  
Special Education Department  
120 East Walnut Street  
Indianapolis, IN 46204

Dave Greenberg, Director

This project plans to develop a data based service delivery cascade that will facilitate academic, social and vocational achievement of mildly handicapped high school students in the least restrictive alternative. The program focuses on providing in-service training to content-area specialists that will add the methodological skills of individual pupil programming strategies and behavior management to their content-area expertise. Concurrent activities combine assessment, programming, systematic instruction, data-based management, and computer technology to develop and implement effective Individual Education Plans (IEPs) which encompasses academic, social and vocational programming recommendations at the secondary level. The entire process will be evaluated continuously to make modifications and to document the efficacy of the demonstration program. When proven effective, the program will be diffused statewide and nationally.

## HANDICAPPED OUT-OF-SCHOOL YOUTH

St. Paul Public Schools  
St. Paul, MN 55102

Mr. John Bjorklund, Director

This project, in its 2nd year, serves exceptional students, ages 16-21, who have left school before graduation. Of the 150 students currently enrolled, learning disabilities, mild mental retardation and serious emotional disturbance comprise the majority of the project's populations. These handicapped dropouts are actively recruited by the staff and spend ½ day in classes and ½ day in vocational activities geared to their strengths and expectations. There is a strong emphasis placed on the vocational aspect of the program. Students graduate with a standard high school diploma based on 1) standard high school credit hours, or 2) GED completion.

Additionally, the project maintains an early education component staffed by a certified kindergarten teacher and a



parent educator. This program focuses on the infants and pre-school aged children of women who have dropped out and now choose to return to this program.

The project staff stress the replicability of this program for other school districts.

#### LEARNING OPPORTUNITIES CENTER FOR SPECIAL COMMUNITY COLLEGE STUDENTS

Learning Opportunities Center for  
Special Community College Students  
Dept. of Student Services  
Kingsborough Community College  
2001 Oriental Boulevard  
Brooklyn, NY 11235

Irwin Rosenthal, Director

Kingsborough Community College, through its Learning Opportunities Center, has developed a model program that meets the varied needs of learning disabled and seriously emotionally disturbed students on the college level. The Learning Opportunities Center is designed to make educational interventions through tutoring, direct classroom intervention, faculty orientation and consultation, the development of by-pass techniques and materials, and individual and group counseling.

Treatment, based on each student's individualized educational plan, will include tutoring for basic skill building, independent study training, and individualized instruction in subject areas, and now includes a peer tutoring component as well as a training program for preparing peer tutors. For project students with psychogenic learning problems, systematic desensitization and cognitive restructuring techniques will be used to treat test anxiety, speech anxiety, and study blocks. These and client-centered counseling techniques, will be used to address general psychological adjustment problems of students in the project.

Replication procedures will be initiated through existing channels of communication within the eighteen-college City University of New York, as well as through Learning Opportunities Center-sponsored conferences, a newsletter, and project materials dissemination.

## MAINSTREAMING PROGRAM FOR SECONDARY STUDENTS WITH LEARNING AND BEHAVIOR PROBLEMS

Delaware County Intermediate Unit  
State Building, 6th and Oliver Streets  
Media, PA 19063

Margaret Adelman, Director

This project serves adolescent students with learning and behavior problems in the Delaware County Intermediate Unit.

The goals of the program are to develop a prototype for serving this population in the educational mainstream, to generate data on the efficacy of the prototype, to develop a replication strategy of the prototype within Delaware County Intermediate Unit, and to disseminate all elements of the prototype locally, statewide, and nationally.

The project will implement a direct and indirect service program based on the Pittsburgh Child Service Demonstration Center model that has been successfully serving secondary students with learning disabilities for the past three years. Students identified as having learning and behavior problems will be served in a resource room, called a Learning Center designed as the least restrictive environment. The program also calls for a second special education teacher, or Liaison Teacher, whose sole responsibility is to offer indirect services to students with learning and behavior problems by working directly with mainstream, content area teachers.

## A MODEL PROGRAM FOR PREVOCATIONAL/VOCATIONAL EDUCATION FOR MODERATELY AND SEVERELY HANDICAPPED ADOLESCENTS

George Peabody College for Teachers  
of Vanderbilt University  
Program for Special Educators  
Box 155  
Nashville, TN 37203

Syd Levy, Director

The specific goals of the project are: 1) to develop specific instructional methods, curriculum and evaluation procedures in the area of prevocational/vocational training for behaviorally handicapped youths, with the initial focus on severely emotionally disturbed adolescents; 2) to develop procedures to prepare industrial personnel to more effectively supervise the work of handicapped persons and thus insure their satisfactory placement in job sites; 3) to develop observational procedures

to analyze effectively and efficiently the critical job and social skills required for successful employment across a variety of work locations. Data derived from such analyses will provide an empirical base for matching clients to potential work locations; 4) to develop specific training methods and evaluation procedures to prepare professionals in the fields of Special Education, Vocational Education, and Mental Health to replicate (with necessary modifications) the model across a variety of service delivery systems and handicapping conditions; and 5) to develop necessary materials and procedures to promote actively the dissemination of information regarding the model program and thus encourage systematic replication efforts.

#### A MODEL PROGRAM FOR THE COGNITIVE EDUCATION OF EXCEPTIONAL CHILDREN

George Peabody College for Teachers  
John F. Kennedy Center  
Box 40, Peabody College  
Nashville, TN 37203

H. Carl Haywood, Director

This project employs a cognitive approach to education with the specific goal of enabling pupils to learn how to learn more efficiently. The learning-to-learn approach is expected to enhance achievement levels in traditional academic content areas, to improve the motivation to learn, and to enable the pupils to modify their own cognitive functions after the end of the educational intervention without further intervention. This approach is designed to attack the roots of deficiencies in educational achievement, i.e., deficient cognitive functions. Further, it is not specific to any category of exceptionality, and has been applied to adolescents who have been classified as educable mentally retarded, learning disabled, emotionally disturbed, slow learning, delinquent, of different language background and motivationally impaired. The program incorporates a system for training teachers and supervisors, with great emphasis upon the careful supervision of classroom teaching. Further, Instrumental Enrichment is integrally related to a system for the diagnosis of specific cognitive deficiencies, and therefore fits well with the process of constructing individual education plans. The program is designed for application to adolescents, for whom little else is available and for whom much is needed. Approximately 250 to 300 hours of classroom instruction will be spread over a period of two years as a supplement to the regular content curriculum rather than as a substitute for it. Teachers will be selected from the ranks of regularly employed classroom teachers in the local school system, trained in intensive workshops, and given careful support and supervision.

## ALTERNATIVE LIVING ENVIRONMENTS

School for Contemporary Education, Inc.  
7201 Wimsatt Road  
Springfield, VA 22151

Bruce Richards, Director

The School for Contemporary Education, a private, nonprofit organization, proposes to develop a model educational program for severely emotionally disturbed adolescents. The demonstration population will be referred from the Local Educational Agencies of the City of Alexandria and the County of Fairfax, Virginia. The program will be a community-based, behavior management model with day school, parent training, and group home components. The goal is to produce a model which effectively and economically remediates the social and educational problems of the youths in a manner satisfactory to consumers and replicable by other educational groups. The proposed project is relevant to the following priorities: 1) economically disadvantaged pupils; 2) handicapped pupils in urban areas; 3) secondary level handicapped pupils; and 4) seriously emotionally disturbed pupils.

## CONSULTING TEACHER PROGRAM STUDENT SERVICE DEMONSTRATION CENTER

Special Education Area  
49913 Waterman Bldg.  
University of Vermont  
Burlington, VT 05405

Martha S. Knight, Director

The Consulting Teacher Program is the expansion of a model previously developed and refined at the University of Vermont. The basic premise of the model is that special education secondary students can be best served within a regular classroom by a consulting teacher who provides direct service to the students as well as consultation to the student's teachers, parents, and school administrators.

Critical language skills (e.g., reading, writing, spelling, listening, oral communication) and arithmetic skills (e.g., concept, computations and problem solving) will be specified as instructional objectives which will then be sequenced and paired with a time criterion. They will be developed and implemented by the school to insure the identification of secondary students eligible for special education and to provide referral and intervention services for their parents and teachers.

A second goal is to develop teaching/learning procedures and materials so that no handicapped learner who enters the high school will be excluded from that school for the lack of an appropriate program. Intervention strategies which may be implemented in the regular classroom or home environment are favored so as to prevent the more costly services of special classrooms or private day or residential placement.

In order to achieve this service, regular classroom teachers and parents are trained in the management and education of students who are not achieving the basic competency minimum objectives. The purpose is for teachers to acquire special education skills for identifying eligible students, providing diagnosis, developing individualized instruction and pre-scribing programs with specified teaching/learning techniques and materials.

#### INDIVIDUAL EDUCATIONAL AND VOCATIONAL INTERVENTION WITH THE POST-SECONDARY HANDICAPPED INCARCERATED

West Virginia University  
College of Human Resources and Education  
Department of Special Education  
Morgantown, WV 26506

Wilfred D. Wienke, Director

This program will work with incarcerated young adults, between the ages of 18 and 23, whose basic skill level is below the sixth grade. This program is designed to augment the existing program at the Kennedy Center. The basic goals are to provide these individuals with saleable skills and basic educational competencies by providing support to the existing programs. This support is in the area of comprehensive assessment in the areas of educational skills, learning styles, vocational preparation and the provision of alternative strategies for the implementation of existing programs so they can meet the needs of the handicapped.

STRATEGIES FOR DEVELOPING AGE APPROPRIATE CURRICULAR CONTENT  
AND PUBLIC SCHOOL SERVICE DELIVERY MODELS DESIGNED TO PREPARE  
A WIDE RANGE OF SECONDARY AGED SEVERELY HANDICAPPED STUDENTS  
TO FUNCTION AS INDEPENDENTLY AND AS PRODUCTIVELY AS POSSIBLE  
IN POST-SCHOOL COMMUNITY, VOCATIONAL, DOMESTIC AND RECREATIONAL  
ENVIRONMENTS

Department of Studies in Behavioral Disabilities  
University of Wisconsin-Madison  
Madison, WI 53704

Lou Brown (Co-Project Director) and Lee Gruenewald, Director,  
Division of Specialized Educational Services, Madison Metro-  
politan School District, Madison, Wisconsin (Co-Project  
Director)

This project serves severely handicapped secondary students in  
the Madison Metropolitan School District. This group includes  
students functioning with terminal degenerative neurological  
diseases, autism, retardation (trainable level and below),  
quadriplegia and other motor dysfunctions, as well as students  
with one or more severe sensory impairments.

An educational program concerned with preparing a wide range  
of severely handicapped students to function as independently  
and as productively as possible in their post-school years  
should be concerned with realizing thousands of appropriate  
educational objectives. This proposal is primarily concerned  
with: 1) demonstrating, verifying and disseminating strategies  
that can be used to develop age-appropriate curricular content  
and public school service delivery models that prepare a wide  
range of severely handicapped students to function as inde-  
pendently and as productively as possible in post-school  
community, vocational, domestic and recreational environments;  
2) demonstrating, verifying and disseminating a follow-up  
ecological inventory strategy to secure evaluative information  
pertaining to the effects of a public school educational  
program on the subsequent vocational, domestic and recreational  
functioning of severely handicapped graduates and to con-  
tribute to the development of age-appropriate educational  
curricula for secondary aged severely handicapped students; and  
3) demonstrating, verifying and disseminating curricular  
strategies for developing longitudinal interactions between  
secondary aged severely handicapped, less handicapped or non-  
handicapped students and other citizens in school and non-  
school setting.

behavior change from one, two or three two-hour sessions per year. Providers cannot expect to accomplish that goal within that format. Therefore, inservice designed to provide behavior change must be reconceptualized as an integrated, ongoing process which requires a time and money commitment on the part of recipients. There could be many models for this reconceptualization. A brief sample follows: (1) needs assessment; (2) consciousness raising; (3) a model for change: theory, practice; (4) "guided" change; (5) follow-up; and (6) evaluation.

The crimes of poorly conceived inservice are that: (1) it wastes large amounts of state and local education agencies' monetary assets, and (2) it gives the generic concept of inservice an unjustified "bad name."

Inservice is a valuable tool. Particularly in an area like adolescent behavior disorders where shortages of teachers abound, it is an excellent means for updating and/or "converting" current, experienced staff to providing services to behavior disordered adolescents. Recipients of inservice cannot continue to blame providers for producing inadequate behavior change when they have not fully conceptualized what inservice should be. Providers cannot continue to perpetuate acceptance of the idea that limited-time-involved inservice will succeed in behavior change. Only a commitment to well conceptualized, ongoing inservice will bring about behavior change and justify the money involved in inservice.



## Summary

There are two components to training staff in providing service to behavior disordered adolescents. The first is preservice, i.e., degree and/or certification training prior to first-hand experience with the population. The second is inservice, i.e., continued or additional training of the professionals already involved in some form of direct service to children in educational environments.

In the case of preservice training, institutions have been unable to produce sufficient numbers of new persons to fill existing vacancies. This is true in behavior disorders in general and even more true of secondary level behavior disorders. The added pressure for programs produced by the passage of Public Law 94-142 has resulted in critical shortages in some areas. Few training programs in behavior disorders are specifically geared, in whole or in part, to train individuals to work with behavior disordered adolescents. Local education agency opinion attests to this with their repeatedly voiced concern that teachers graduating from behavior disorders programs are not equipped to deal with the adolescent age behavior disordered student. This is a difficult and complex problem. Just as state and local education agencies are being asked to provide unlimited services with limited resources, so training institutions are being asked to produce trained personnel in several specific categories and to provide large numbers of them. This, too, is an example of being asked to provide unlimited options with limited



resources. It would appear unrealistic and inefficient to expect any one training program to provide program options for all levels of severity, age, and service delivery environments. This is especially true in light of the fact that most training programs in behavior disorders are staffed by one, two, or three persons. It is virtually impossible to get such a wide range of expertise in so few people.

Efforts are underway that must be encouraged and supported in the area of CSPD. Planning must certainly be statewide and may need to be regional in order to marshall resources to provide a wide range of training options in which individual training facilities develop programs emphasizing certain subsets of behavior disorders.

In the case of inservice there is a crying need to reconceptualize the process of formulating an inservice system that is comprehensive and systematic in planning and implementation. Especially in light of the teacher shortages in adolescent behavior disorders, it is critical to become adept at training and/or retraining regular educators, temporarily certified teachers in behavior disorders and fully certified teachers in behavior disorders. Reaching full service delivery for behavior disordered adolescents may depend on it.

## CHAPTER V

### SERVICE DELIVERY

Among the elements examined by this project was that of service delivery to behavior disordered adolescents. Three major systems: public schools, mental health services, and facilities for neglected or delinquent, served as the focus for our consideration. Within each we attempted to gather information on the population served, the type of service provided and the personnel delivering this service. Results of these efforts are provided herein. Finally the chapter closes with a brief examination of interdisciplinary collaboration between and among those major service delivery systems.

#### Public School Programs

It comes as no surprise that public schools are the major provider of services to behavior disordered adolescents. They appear to serve 75 to 95 percent of all the labeled behavior disordered adolescents. These percentages may represent a slight overestimate, particularly when we consider severely disordered adolescents. Even in that instance, however, the public schools serve significantly more behavior disordered adolescents than are served in mental health centers, facilities for neglected or delinquent and private facilities combined.

Service options. As might be expected, the programs offered to behavior disordered adolescents in the public

schools represent several options along the continuum of services model. The most commonly used service delivery option is the within-district self-contained classroom (with or without integration). Next most frequent is some form of resource room service followed by crisis teacher/teacher consultant/diagnostic teacher services. Finally, special schools, out-of-district placement and homebound services are also utilized. A few states require career and/or vocational education to be available as a service option. It should be noted that in general most of the service delivery models used at the secondary level have been extrapolated from elementary school models, a practice which warrants thoughtful scrutiny.

As indicated within states, if not within each school district, a range of service delivery options are available. Each state has its own particular continuum of services making it difficult to equate service delivery programs across the states. Because of the numerous "variations on a theme" regarding service delivery, it is not possible to calculate percentages of behavior disordered adolescents in each program option. Nevertheless, the information gleaned from the states supports the aforementioned order of placements.

Out-of-district placements (private day care and residential facilities) cannot be viewed as actual public school programs; however, their use is the result of school district recommendation and financial support. The degree to which states utilize out-of-district placements varies considerably. In one state nearly 30 percent of all behavior

disordered students were served in out-of-district day or residential placements. On the other hand, some states actively discourage use of out-of-district placements in nonpublic school programs. Interestingly, in some states, of all the handicapped students placed in residential settings, the largest percentage are behavior disordered. In one state over half of all nonpublic state approved placements were of students with behavior disorders. The same held true for out-of-state placement (70 percent). The use of homebound instruction reveals similar data. Of all such placements nearly 41 percent were of behavior disordered students. This phenomenon may indicate the difficulty and frustration public schools feel when dealing with these students.

One other interesting factor related to service delivery was also noted. It had been hypothesized that alternative school placement would be a frequently utilized service option particularly at the secondary school level. By alternative school, we did not mean special day schools for handicapped students, but rather those within-district programs that have been developed as an alternative for students disenchanted with the regular curriculum. It was consistently noted that identified behavior disordered students of any level or degree are usually not served within such programs. However, in one state, the project found that a self-contained class for behavior disordered students had been established within an alternative school. Thus, while attending the alternative school, these students were actually being served in a classroom for behavior disordered adolescents.

School demissions. "Removed from the system" are key words when discussing services to behavior disordered adolescents. It appears that being behavior disordered is more likely to result in removal from school than any other disability, particularly at the secondary level. Because this handicap often manifests itself in defiant rule breaking behavior, behavior disordered students, more than any others, find themselves at odds with school rules and discipline policies. Most personnel felt that by imposing sanctions on behavior disordered students, such students are effectively barred from an appropriate education.

Use of expulsion as a means of dealing with handicapped children, particularly behavior disordered adolescents, has created some controversy. Part of this rests with the varying interpretations of expulsion; i.e., in some instances it is total termination of the educational program, while in other cases schools are required to provide alternative educational intervention. In other words, does expulsion represent an actual change of educational placement? Also of import is the determination of whether the offending behavior is a result or associated with the handicap. This, obviously, is a significant variable in the case of behavior disordered students. Decisions rendered in several court cases, due process hearings, and/or appeals of these hearings related to these two issues have resulted in a significant curtailment of expulsion of all children including behavior disordered

adolescents. In addition, the formalization of expulsion procedures and the strict due process requirements have prompted school officials to be more judicious in the use of expulsion. Thus fewer behavior disordered adolescents are being expelled for rule violation behavior.

However local education agency personnel consistently describe six mechanisms used to remove from school those students who are difficult and troublesome to the faculty:

- (1) in-school suspension: this consists of assigning a student to a class other than his/her own class or classes. In theory, a special teacher works with those students on their regular assignments until the assigned suspension period is up. Local education agency personnel comment that often students in need of specialized programming for their behavior end up assigned continuously or permanently to the "temporary" in-school suspension class;
- (2) continuous suspensions: a student may be suspended for three days, return for a half day, be suspended for three more, etc. Although most schools have a limit on the maximum length of a single suspension, many do not place limits on the total number of suspensions that can be imposed. Many students find themselves continuously out of school with the administration's "blessing." Such misuse of this form of exclusion has created widespread concern particularly among professionals working with behavior

disordered adolescents. It has been documented that behavior disorders is the third most frequent reason for suspending students (Children's Defense Fund, 1974).

Moreover, the use of suspension with secondary age students is much more prevalent than with elementary age and more frequent in large cities as opposed to rural areas. It is frightening to realize that some of these handicapped adolescents have been illegally suspended for periods of time ranging up to nearly two years. On the bright side, some districts are moving to limit the total number of days a student may be suspended at least for the same offense. Moreover, the project encountered some instances in which lengthy or repeated suspensions would not occur until after a student had been referred for evaluation of a suspected handicap and found to be ineligible for specialized education. Finally there were some districts that felt if suspension was to be utilized as a "legitimate" intervention, it must, in fact, be so indicated on the IEP of the behavior disordered student.

- (3) shortened school day: the shortened school day may be a legitimate tool in the education of behavior disordered adolescents. However, it is sometimes used to automatically reduce the number of hours a difficult student spends in the school building. In these cases, it is used without regard for

specific instructional objectives which should serve as the basis for the decision for its use as a legitimate intervention;

- (4) homebound instruction: again, a legitimate intervention option, in some cases, this special "placement" is used to remove students from instruction at the school building site. Since the amount of instruction required for this program option at the secondary level is usually two to ten hours a week, a student may, again, be effectively barred from receiving the special education he/she needs. Some districts are taking the precaution of limiting the number of days a student may be on homebound instruction without a specific medical request;
- (5) alternative school placement: this program option is less frequently used with students "officially" labeled as behavior disorders. However, local education agency personnel indicate that it provides one "legitimate" exit pattern for students who eventually drop out of school totally and may later be served through mental health or in facilities for the neglected or delinquent. As such it provides one option for "easing" students out of the school system either on the part of school officials or by the student himself/herself. In a somewhat analogous vein, especially in large school systems (as opposed



to rural districts) disruptive students often find themselves "transferred" to special schools under the guise of "alternative" school placement.

- (6) ignored truancy: in most districts it is impossible for the appropriate authorities to follow up on all cases of truant behavior. In other districts the community value system simply does not encourage such follow-up. In either case there is a reluctance on the part of school staff to actively seek truant warrants particularly for adolescents with behavior disorders.

The inappropriate use of any or all of these techniques usually, but not always, occurs within the secondary schools. Most often they affect the more severely involved behavior disordered population. While continuing pressure, especially from court precedents, appears to be reducing the widespread misuse of these techniques, there is still a long way to go. This is especially true for the subtle and not so subtle misuse of continuous suspension.

#### Services Provided through Mental Health

While the number of behavior disordered adolescents served within mental health facilities is not as large as that served in public school programs, these facilities do represent one placement option for this population. The methods by which behavior disordered adolescent youth is placed in a mental health facility varies from state to state and across

facilities. In some cases, students are placed in these facilities by action of the court. In other instances a private physician may be the referral service, and in still other places, a county level mental health board serves as the only referral agent for some facilities. By and large, the most frequent method is through voluntary commitment by the parents.

Population characteristics. Regardless of the method of referral, most of the population served in mental health facilities can be described as severely behavior disordered by virtue of their need for a separate facility. Actual numbers of children and youth served in such facilities vary across the states and, of course, across the year within any one state. The ages of children and youth accepted for treatment in mental health facilities range from 0-21 years. In practice 5-12 is the most commonly served age range. An interesting anomaly appeared in data concerning the average age of the populations served in various facilities. In some states there was a definite trend to serve the elementary population (5-12) almost exclusively. In these cases, mental health personnel cited as the rationale for this phenomenon the use of limited resources to make the greatest impact. In these same areas, local education agency personnel commented (often hotly) that there were no mental health options for behavior disordered adolescents. They felt that the mental health facilities were "taking the easy ones and did not want the hard ones." In other states there was a definite trend toward serving the

adolescent (13-18 or older) population. This focus was related to level of greatest need. Mental health personnel indicated that public school programming for behavior disordered children at the elementary level has significantly reduced demand for their services for this age population. It was their perception that few quality public school options exist for the severely behavior disordered population in general and even fewer were available for adolescents presenting severe problems. Most public school people agree that there is a dearth of program options for the severely behavior disordered adolescent. Some, however, echo the concern previously expressed by mental health personnel, i.e., potential for impact is greater with younger children.

The average stay for a child or youth in a residential mental health placement is 8-9 months. However, an average here is rather deceiving because a large range (1-20+ months) exists. This is partially due to the fact that "residential" mental health placement can occur in a "state hospital," a regional mental health facility or in a community mental health facility. The placement tends to be longer in the larger institutions since they are usually viewed as the most restrictive placements for the most severely involved individuals. Finally, one state indicated a shift in the general nature of their institutionalized population from those students experiencing problems which manifest themselves in intrapsychic pain to the more overtly violent, aggressive youth who have traditionally been served in neglected or delinquent facilities.

Service options. As was the case in public schools, services under the auspices of mental health represent a continuum from less restrictive to more restrictive. In addition to the traditional "state hospitals" or institutions, there has been extensive effort devoted to developing community-based programs. This expansion began in the early 1960's and resulted in sizeable reductions in institutional placements and a corresponding increase in less restrictive alternatives within communities. In addition to the services provided via the state psychiatric institutions, other mental health program options include: (1) foster care programs, (2) group homes, (3) partial hospitalization for service to persons requiring less than 24 hour care but more than outpatient, and (4) outpatient including screening, diagnosis, evaluation, crisis intervention, counseling, education and drug therapy. While consistent data are not available, one state estimated that over three-fourths of the behavior disordered children and youth treated by the mental health sector are served via community programs as opposed to placement in state psychiatric centers.

Within any given mental health facility the treatment program of the children and youth usually includes educational experiences, therapy, and other support services (occupational therapy, physical therapy, speech therapy, etc.). In several places innovative programs were encountered that tried to pinpoint a student's most essential need and build around that. For example, in one state most of the students who need a diploma but will not or cannot return to school are in